| Lozdáczak ( | Fund<br>§54.1009 Annual Reporting<br>lection Form  |  | Avg. Burd | FCC Form<br>Approved by OMB<br>OMB 3060-1185<br>en Estimate per Respondent: 18 Hours |
|-------------|--|--|-----------|--|
| <010>       | Study Area Code  | 448009                                     |           |  |
| <015>       | Study Area Name  | Texas 10, LLC                              | Ac        | septed / Filed   |
| <020>       | Program Year   | 2016                                       | 778       |  |
| <030>       | Contact Name: Person USAC should contact with questions about this data  | Chad Strausbaugh                           |           | JUN 17 2016  |
| <035>       | Contact Telephone Number:<br>Number of the person identified in data line <030>  | 6105356474 ext.                            | Federa    | i Communications Commission<br>Office of the Secretary                               |
| <039>       | Contact Email:<br>Email of the person identified in data line <030>  | cstrausbaugh@cellonenation.com             |           |  |
| <040>       | Has the information required pursuant to §54.1009  | been provided with a Form 481 filing (Y/N) | <040>     | •  |
|             | <041> Attach a description of the documents file   | ed with the Form 481 reporting             | <041>     |  |
|             | <042> Cite the Study Area Code (SAC) for the Fo  | rm 481 reporting                           | <042>     |  |
| <080>       | Tribal Lands Reporting (y/n?) (Does this study area covered to the stu | er tribal lands? Yes or Noj                | 0         | •  |

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| (050) Carr   | ier Contact Form  |  |                                | FCC Form 690<br>Approved by OMB<br>OMB Control No. 3060-1185<br>Page 2 of 8 |
|--|---|--|--------------------------------|---|
| <010>  | Study Area Code   |  | 448009                         |   |
| <015>  | Study Area Name   |  | Texas 10, LLC                  |   |
| <020>  | Program Year  |  | 2016                           |   |
| <030>  | Contact Name - Person USAC should contact regarding th  |  | Chad Strausbaugh               |   |
| <035>  | Contact Telephone Number - Number of person identifie   |  | 6105356474 ext.                |   |
| <039><br>Reporting   | Contact Email Address - Email Address of person identifie  Carrier / Mobility Fund Phase 1 Winning Bidder | ed in data line <usu></usu>  | cstrausbauqh@cellonenation.com |   |
| <110>  | FCC Registration Number   | 17235110   |                                |   |
| <111>  | Filing Carrier Name   | Texas 10, LLC  |                                |   |
| <112>  | Winning Bidder Carrier Name   | Texas 10, LLC  |                                |   |
| <113>  | Street Address (or PO Box)  | 1170 Devon Park Dri  | ve, Suite 104                  |   |
| <114>  | City  | Wayne  |                                |   |
| <115>  |   | PA   | <u> </u>                       | _   |
| <116>  |   | 19087  |                                |   |
| <117>  | Tolonhono Numbos  | 6105356474 ext.  |                                |   |
| <118>  | Fax Number  |  |                                |   |
| <119>  | Email Address   | 6106885209   |                                |   |
| <pre>&lt;120&gt; &lt;121&gt; &lt;122&gt; &lt;122&gt; &lt;122&gt; &lt;123&gt; &lt;124&gt;</pre> | Filing Carrier Name Street Address (or PO Box) City   | Chad Strausbaugh<br>Texas 10, LLC<br>L170 Devon Park Driv<br>Wayne | re. Suite 104                  |   |
| <125>  | Zip-Code  | L9087  |                                |   |
| <126>  | Telephone Number  | 5105356474 ext.  |                                |   |
| <127>  | Fax Number  | 5106885209   |                                |   |
| <128>  | Email Address   | cstrausbaugh@cellone   | enation.com                    |   |
| Authorized   | d Agent Information if no agent, indicate in this box   |  |                                |   |
| <130>  | Name (First, MI, Last, Suffix)  |  |                                |   |
| <131>  | Company   |  |                                |   |
| <132>  | Street Address (or PO Box)  |  |                                |   |
| <133>  | City  |  |                                |   |
| <134>  | State   |  |                                |   |
|  | <del>-</del>  |  |                                |   |
| <135>  | Zip-Code  |  |                                |   |
| <136>  | Telephone Number  |  |                                |   |
| <137>  | Fax Number  |  |                                |   |
| <138>  | Email Address   |  |                                |   |

| (060) Co | verage and Performance Report                                 | FCC Form 690 Ap proved by OMB OMB Control No. 3060-1189 Page 3 of 8 | į |
|----------|---|---|---|
| <010>    | Study Area Code   | 448009  |   |
| <015>    | Study Area Name   | Texas 10, LLC   |   |
| <020>    | Program Year  | 2016  |   |
| <030>    | Contact Name - Person USAC should contact regarding this data | Chad Strausbaugh  |   |

6105356474 ext.

| <140> | Coverage and Performance Report Year | 08/2015 - 07/2016  |
|-------|--------------------------------------|--------------------|
|       |                                      |                    |
|       |                                      | 448009_CPRd_TX.zip |
|       |                                      |                    |

Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com

Contact Telephone Number - Number of person identified in data line <030>

**Coverage and Performace attachments** 

<035>

<039>

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d>> Total Road Certify that Road Miles per Miles Road Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population per Block per is uploaded Newly Reached Reached by Population per (Yes/no) Census Newly Census State County Census Block Census Block by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered

by Service

Service

| (070) Urban Rate Comparability Certification Co |          |                            |
|---|----------|----------------------------|
| (U/U) Urban Kate Comparability Certification Co | mpliance | FCC Form 690               |
| *         |          |                            |
|   |          | Approved by OMB            |
|   |          |                            |
|   |          | OMB Control No. 3060-1185  |
|   |          | OMIN CONDUCTION SOCIOTIZOS |
| 49.0  |          |                            |
|   |          | Page 4 of 8                |

| <010> | Study Area Code   | 448009                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| α   | ertification of Officer or   | r Employee as to Compliance with 47 | CFR §54.1009(a)(4) |  |  |
|---|--|-------------------------------------|--------------------|--|--|
| certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this orm and in any attachments is accurate. |  |                                     |                    |  |  |
| Name of Reporting Carrier: Texas  | s 10, LLC  |                                     |                    |  |  |
| Signature of Authorized Officer:  |  |                                     | Date               |  |  |
| Printed name of Authorized Officer:   | Chad Strausbaugh   |                                     |                    |  |  |
| Title or position of Authorized Officer:  | Staff Counsel  |                                     |                    |  |  |
| Telephone number of Authorized Officer:   | 6105356474 ext.  |                                     |                    |  |  |
| Study Area Code of Reporting Carrier:   | 448009   | Filing Due Date for this form:      | 07/01/2016         |  |  |
| Persons willfully making false statement  | Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |                                     |                    |  |  |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier |  |  |  |  |
|---|--|--|--|--|
| l certify that (Name of Agent)  | is authorized to submit the information reported on behalf of the reporting  |  |  |  |
|   | esponsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the   |  |  |  |
| authorized agent; and, to the best of my knowledge, the reports and data provided   | I to the authorized agent is accurate.   |  |  |  |
| Name of Authorized Agent:   |  |  |  |  |
| Name of Reporting Carrier:  |  |  |  |  |
| Signature of Authorized Officer or Employee:  | Date:  |  |  |  |
| Printed name of Authorized Officer or Employee:   |  |  |  |  |
| Title or position of Authorized Officer or Employee:  |  |  |  |  |
| Telephone number of Authorized Officer or Employee:   |  |  |  |  |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form:   |  |  |  |
|   | eiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment ited States Code, 18 U.S.C. § 1001. |  |  |  |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Author   | ized to File Compliance with 47 CFR §54.10 | 09(a)(4) on Behalf of Reporting Carrier   |
|---|--|---|
| I, as agent for the reporting carrier, certify that I am authodata provided by the reporting carrier; and, to the best of |  | reporting carrier; I have provided the data reported herein based on<br>s accurate. |
| Name of Reporting Carrier:  |  |   |
| Name of Authorized Agent Firm:  |  |   |
| Signature of Authorized Agent or Employee of Agent:   |  | Date:   |
| Name of Authorized Agent Employee:  |  |   |
| Title or position of Authorized Agent or Employee of Agent  |  |   |
| Telephone number of Authorized Agent or Employee of Ag  | ent:                                       |   |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this fo                | orm:  |

| (080) Triba        | 080) Tribal Lands Reporting  |                     |   |               |                                       |
|--------------------|--|---------------------|---|---------------|---------------------------------------|
|                    |  |                     |   |               | proved by OMB                         |
|                    |  |                     |   | OI            | MB Control No. 3060-1185              |
|                    |  |                     |   | Pa            | ge 5 of 8                             |
| -010-              | Charles Assoc Code   |                     |   |               |                                       |
| <010><br><015>     | Study Area Code Study Area Name  |                     | 448009                                  |               |                                       |
| <020>              | Program Year   |                     | Texas 10, LLC                           |               |                                       |
| <030>              | Contact Name - Person USAC should contact regarding t  | this data           | 2016<br>Chad Strausbaugh                |               | · · · · · · · · · · · · · · · · · · · |
| <035>              | Contact Telephone Number - Number of person identifi   |                     |   |               |                                       |
| <039>              | Contact Email Address - Email Address of person identif  |                     |   | nenation com  |                                       |
|                    |  |                     | CattagaDadqNeCe110.                     | HEHACTOH, COM |                                       |
| <142>              | State  |                     |   |               |                                       |
|                    |  |                     |   |               | _                                     |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
| <143>              | County   |                     |   |               |                                       |
|                    | -  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   | ,             |                                       |
|                    |  |                     |   |               |                                       |
| <144>              | Tribal Land(s) on which ETC Serves   |                     |   |               |                                       |
|                    | -  |                     | · · · · ·                               |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     | - I - I - I - I - I - I - I - I - I - I |               | 7                                     |
|                    |  |                     |   |               |                                       |
| <145>              | Tribal Government Engagement Obligation  |                     |   |               |                                       |
|                    |  | Name of Attached Do | ocument (.pdf)                          |               | _                                     |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    | If your company compact Tribat lands whose select Was 3  | Na Na A             | · •                                     |               |                                       |
|                    | If your company serves Tribal lands, please select (Yes, N   |                     | Tor                                     |               |                                       |
|                    | each of these boxes to confirm the status described on t<br>PDF, on line 145, demonstrates coordination with the T |                     |   |               |                                       |
|                    |  | ripai               |   |               |                                       |
|                    | government pursuant to § 54.1004 includes:   |                     |   |               |                                       |
|                    |  |                     |   |               |                                       |
|                    |  | г                   | · · · · · · · · · · · · · · · · · · ·   |               |                                       |
|                    |  |                     | Select                                  |               |                                       |
| <146>              | Needs accommonded that the second second   |                     | (Yes, No, Not Applicable)               |               |                                       |
| /1 <del>4</del> 0/ | Needs assessment and deployment planning with a foci   | us on Tribal        |   |               |                                       |
|                    | community anchor institutions;   | -                   |   |               |                                       |
| <147>              | Feasibility and sustainability planning;   |                     |   |               |                                       |

Page 5

<148>

<149> <150>

<151>

<152>

<153>

<154>

Marketing services in a culturally sensitive manner;

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

Compliance with Rights of way processes

Compliance with Facilities Siting rules

| (090) Project  | t Update Information   |             | FCC Form 690               |
|----------------|--|-------------|----------------------------|
|                |  |             | Approved by OMB            |
|                |  |             | OMB Control No.: 3060-1185 |
|                |  |             | Page 6 of 8                |
| -010·          | Challe Associate   |             |                            |
| <010><br><015> | Study Area News  | 448009      |                            |
| <020>          | Study Area Name  | Texas 10, L | TC.                        |
| <030>          | Program Year  Contact Name Person USAC should contact recording this data  | 2016        |                            |
| <035>          | Contact Name - Person USAC should contact regarding this data  Contact Telephone Number - Number of person identified in data line <030> | Chad Straus |                            |
| <039>          | Contact Ferentiale Number - Number of person identified in data line <030>   | 6105356474  |                            |
| <b>\033</b> 2  | Contact Email Address - Email Address of person identified in data fille (050)   | cstrausbaug | h@cellonenation.com        |
| <200>          | Date Authorized to Receive Support   | 08/16/2     | 2013                       |
| <201>          | Targeted Completion Date   | 08/17/2     | 015                        |
| <202>          | Total Mobility Fund Support Awarded  | 55088.0     | 00                         |
| <203>          | Total Mobility Fund Support Disbursed  | 53964.2     | 20                         |
|                |  |             |                            |
| -210-          | Actual Consulation Date  |             |                            |
| <210>          | Actual Completion Date   | 07/16/      | 2015                       |
| <211>          | Project Status Description (attached)  | 448009      | PSD_TX.pdf                 |
|                | , , ,  |             |                            |
|                |  |             |                            |
|                |  | {Name       | of PDF attached}           |
|                | Please check these boxes below to confirm that the attached PDF, on line   |             |                            |
|                | 211, contains a project status pursuant to §54.1005(b)(2)(v). The information  |             |                            |
|                | shall be submitted as appropriate.   |             | -                          |
| <212>          | Status of Network Deployment - Network Design  | ✓           | _                          |
| <213>          | Status of Network Deployment - Construction  | ✓           |                            |
| <214>          | Status of Network Deployment - Deployment  | ✓           |                            |
| <215>          | Status of Network Deployment - Maintenance   | 1           |                            |
| <216>          | Project Budget Status  | ✓           | ]                          |
| <217>          | Project Plan Status  | 1           | ]                          |
| <218>          | Network will Support 3G/4G Mobile Service ?  | 3G <b>(</b> | <b>)</b> 4G                |

| (101) Certification - Reporting Carrier | FCC Form 690                              |
|---|---|
|   | Approved by OMB OMB Control No. 3060-1185 |
|   | Page 7 of 8                               |

| <010> | Study Area Code   | 448009                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

| Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients  |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the sest of my knowledge, the information reported on this form and in any attachments is accurate. |   |  |  |  |  |  |  |
| Name of Reporting Carrier: Texas 10, LLC   |   |  |  |  |  |  |  |
| Signature of Authorized Officer:   | Date                                      |  |  |  |  |  |  |
| Printed name of Authorized Officer: Chad Strausbaugh   |   |  |  |  |  |  |  |
| Title or position of Authorized Officer: Staff Counsel   |   |  |  |  |  |  |  |
| Telephone number of Authorized Officer: 6105356474 ext.  |   |  |  |  |  |  |  |
| Study Area Code of Reporting Carrier: 448009   | Filing Due Date for this form: 07/01/2016 |  |  |  |  |  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.                                 |   |  |  |  |  |  |  |

| (102) Certification - Agent / Carrier |  | MAA    | orm 690               |
|---------------------------------------|--|--------|-----------------------|
|                                       |  |        |                       |
|                                       |  | Anor   | oved by OMB           |
|                                       | A Company of the Comp |        |                       |
|                                       |  | A115   | Control No. 3060-1185 |
|                                       |  | CIVID  | COMULA MO. SUGGETTOS  |
|                                       |  |        |                       |
|                                       |  | Page . | 8 of 8                |

| <010> | Study Area Code   | 448009                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent)                            | is authorized to submit the information reported on behalf of the reporting c  | arrier. 1 |
|---|--|-----------|
|   | sponsibilities include ensuring the accuracy of the data reporting requirements provided to the authorized   |           |
| agent; and, to the best of my knowledge, the reports and  | i provided to the authorized agent is accurate.  |           |
| Name of Authorized Agent:                                 |  |           |
| Name of Reporting Carrier:                                |  |           |
| Signature of Authorized Officer:                          | Date:  |           |
| Printed name of Authorized Officer:                       |  |           |
| Title or position of Authorized Officer:                  |  |           |
| Telephone number of Authorized Officer:                   |  |           |
| Study Area Code of Reporting Carrier:                     | Filing Due Date for this form:   |           |
| Persons willfully making false statements on this form ca | punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |           |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Author                           | orized to File for Mobility Fund Recipients on Behalf of Re  | eporting Carrier                      |
|---|--|---------------------------------------|
|   | horized to submit the reports for Mobility Fund recipients on beha<br>g carrier; and, to the best of my knowledge, the information repor | · · · · · · · · · · · · · · · · · · · |
| Name of Reporting Carrier:                              |  |                                       |
| Name of Authorized Agent Firm:                          |  |                                       |
| ignature of Authorized Agent or Employee of Agent:      |  | Date:                                 |
| Name of Authorized Agent Employee:                      |  |                                       |
| itle or position of Authorized Agent or Employee of Age | nt   |                                       |
|   | N  |                                       |
| elephone number of Authorized Agent or Employee of A    | Agent:   |                                       |

# **Attachments**

| 060) Coverage and Performance Report | FCC Form 690                           |
|--------------------------------------|--|
|                                      | ************************************** |
|                                      | Approved by OM8                        |
|                                      | ONAD 6                                 |
|                                      | . OMB Control No. 3060-1185            |
|                                      |  |

| <010> | Study Area Code   | 448009                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |
| <140> | Coverage and Performance Report Year  | 08/2015 - 07/2016              |
|       |   |                                |

<141>

| <a1></a1> | <e2></e2> | <a3></a3>                             | <b1></b1>                                  | <b2></b2>   | <bs></bs> 483>  | <d>×d&gt;</d>                     | <c2></c2>  | <b><c3></c3></b>                                   | <d>&lt;</d>   |
|-----------|-----------|---------------------------------------|--|---|---|-----------------------------------|--|--|---|
| State     | County    | Census Block                          | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road Miles<br>per Census<br>Block | Road Miles<br>per Census<br>Block Newly<br>Reached | Total Road<br>Miles<br>covered per<br>Census Block | Certify that<br>Coverage and<br>Performacne<br>data is uploaded<br>(yes/no) |
| TX        | Cherokee  | 0000                                  | 0  | 0   | 0   | 0.0                               | 0.0  | 0.0  | Yes   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           | ·                                     |  |   | -   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  | -   |   |                                   |  |  |   |
|           |           |                                       | !  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           | ·                                     |  |   |   |                                   |  |  |   |
|           |           | · · · · · · · · · · · · · · · · · · · |  |   |   |                                   |  | ••••••••••••••••••••••••••••••••••••••             |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   | **   |  |   |
|           |           | w.                                    |  |   |   |                                   |  |  |   |
|           |           |                                       |  |   |   |                                   |  |  |   |
|           |           | -                                     |  |   |   |                                   |  | -  | ******  |
|           |           |                                       |  |   |   |                                   |  |  |   |

Percentage of Total Population Reached by Service

| 0 |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |

Percentage of Total Road Miles covered by Service

| 0 |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

# **Project Status Description**

Item: SAC 448009

County/State: Cherokee, TX
Total Award Amount: \$55,088.00

# **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

| PARKET STATE | Fund<br>- §54.1009 Annual Reporting<br>lection Form                             |  | FCC Form<br>Approved by OMB<br>OMB 3060-1185<br>Avg. Burden Estimate per Respondent: 18 Hours |
|--------------|---|--|---|
| <010>        | Study Area Code   | 448010   |   |
|              | Study Area Name   | Texas 10, LLC  | Accepted / Filed  |
| <020>        | Program Year  | 2016   |   |
| <030>        | Contact Name: Person USAC should contact with questions about this data         | Chad Strausbaugh   | JUN 172016  |
| <035>        | Contact Telephone Number:<br>Number of the person identified in data line <030> | 6105356474 ext.  | Federal Communications Commission Office of the Secretary                                     |
| <039>        | Contact Email:<br>Email of the person identified in data line <030>             | cstrausbaugh@cellonenation.com                                 |   |
|              |   | Santanasan santan rasi santa tahun menganasan santan santan sa | aaniseen seen eesta eesta kaanaan an aan madaan aan aan aan aan aan aan aan aan aa            |
| <040>        | Has the information required pursuant to §54.1009                               | been provided with a Form 481 filing (                         | <u>Y/N)</u> <040>   |
|              | <041> Attach a description of the documents fil                                 | led with the Form 481 reporting                                | <041>   |
|              | <042> Cite the Study Area Code (SAC) for the Fo                                 | orm 481 reporting  | <042>   |
|              | Tribal Lands Reporting {y/n?} (Does this study area co                          |  |   |

# Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

| (050) Can               | fier Contact Form   |  |   | FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8 |
|-------------------------|---|--|---|--|
| <010>                   | Study Area Code   |  | 448010  |  |
| <015>                   | Study Area Name   |  | Texas 10, LLC   |  |
| <020>                   | Program Year  |  | 2016  |  |
| <030>                   | Contact Name - Person USAC should contact regarding thi   | is data  | Chad Strausbaugh  |  |
| <035>                   | Contact Telephone Number - Number of person identified    |  | 6105356474 ext.   |  |
| <039>                   | Contact Email Address - Email Address of person identifie | d in data line <030>                                   | cstrausbaugh@cellonenation.com  |  |
| Reporting               | Carrier / Mobility Fund Phase 1 Winning Bidder            |  |   |  |
| <110>                   | FCC Registration Number                                   | 17235110   |   |  |
| <111>                   |   | Texas 10, LLC  |   |  |
| <112>                   |   |  |   |  |
| <113>                   |   | Texas 10, LLC  | Cuito 104   |  |
|                         | -   |  | ve, Suite 104   |  |
| <114><br><115>          |   | Vayne  |   |  |
|                         |   | PA   |   |  |
| <116>                   | Tolonhone Number  | 19087  | W7  |  |
| <117>                   |   | 5105356474 ext.  |   |  |
| <118><br><119>          |   | 5106885209   |   |  |
| <b>/113</b> /           | Email Address   | strausbaugh@cellon                                     | enation.com   |  |
| <120><br><121><br><122> | Filing Carrier Name  Street Address (or PO Box)           | had Strausbaugh<br>exas 10, LLC<br>170 Devon Park Driv | ze_Suite 104  |  |
| <123>                   | <del>-</del>  | ayne   |   |  |
| <124>                   | State   | A  |   |  |
| <125>                   |   | 9087   |   |  |
| <126>                   | Telephone Number  | 105356474 ext.   |   |  |
| <127>                   | Fax Number 6  | 106885209  |   |  |
| <128>                   | Email Address co  | strausbaugh@cellone                                    | enation.com   | _  |
| <u>Authorize</u>        | d Agent Information if no agent, indicate in this box     |  |   |  |
| <130>                   | Name (First, MI, Last, Suffix)                            |  | "Transaction or a second or a |  |
| <131>                   | Company   |  | ***************************************   |  |
| <132>                   | Street Address (or PO Box)                                |  |   |  |
| <133>                   | City  |  |   |  |
| <134>                   | State   |  |   |  |
| <135>                   | Zip-Code  |  |   |  |
| <136>                   | Telephone Number  |  |   |  |
| <137>                   | Fax Number  |  |   |  |
| <138>                   | Email Address   |  |   |  |
|                         |   |  |   |  |
|                         |   |  |   |  |

| (060) Co | verage and Performance Report   |                                | FCC Form 690. Ap proved by OM8 OM8 Control No. 3060-1185 Page 3 of 8 |
|----------|---|--------------------------------|--|
| <010>    | Study Area Code   | 448010                         |  |
| <015>    | Study Area Name   | Texas 10, LLC                  | · · · · · · · · · · · · · · · · · · ·                                |
| <020>    | Program Year  | 2016                           |  |
| <030>    | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |  |
| <035>    | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |  |
| <039>    | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |  |
| <140>    | Coverage and Performance Report Year 08/2015 - 07/2016                        |                                |  |
|          | 448010_CPRd   | TX.zip                         |  |

Coverage and Performace attachments

| <141> | <a1>.</a1> | <a2></a2> | <a3></a3>                 | <b1></b1>      | <b2></b2>              | <b3></b3>                    | <c1></c1> | <c2></c2>       | <c3></c3>      | <d>&gt;</d>                  |
|-------|------------|-----------|---------------------------|----------------|------------------------|------------------------------|-----------|-----------------|----------------|------------------------------|
|       | ł          |           |                           |                |                        |                              |           |                 |                |                              |
|       |            |           |                           |                |                        |                              |           |                 |                |                              |
|       |            |           |                           |                |                        |                              |           |                 |                |                              |
|       |            | !         |                           |                |                        |                              |           |                 |                |                              |
|       |            |           |                           |                |                        | l                            |           |                 |                |                              |
|       |            |           |                           |                |                        |                              |           |                 | Total          |                              |
|       |            |           |                           |                |                        |                              |           | Road            | Road           | Certify that                 |
|       |            |           |                           |                |                        |                              | Road      | Miles per       | Miles          | Coverage and                 |
|       |            |           |                           | Resident       | Resident<br>Population | Total Resident<br>Population | per       | Census<br>Block | covered<br>per | Performance data is uploaded |
|       |            |           |                           | Population per | Newly Reached          | Reached by                   | Census    | Newly           | Census         | (Yes/no)                     |
|       | State      | County    | Census Block              | Census Block   | by Service             | Service                      | Block     | Reached         | Block          |                              |
|       |            |           |                           |                |                        |                              |           |                 |                |                              |
|       |            | *         |                           |                |                        |                              |           |                 |                |                              |
|       |            |           |                           | - 9            | ee attach              | ed worksl                    | neet      |                 |                |                              |
|       |            |           |                           |                |                        |                              |           |                 |                |                              |
|       |            |           |                           |                |                        |                              |           |                 |                |                              |
|       |            | ·         |                           |                |                        |                              |           |                 |                |                              |
|       |            |           | <u> </u>                  |                |                        |                              |           |                 |                |                              |
|       |            |           |                           |                |                        |                              |           |                 |                |                              |
| •     |            |           |                           |                |                        | -                            |           |                 |                |                              |
|       |            |           | 1                         | 0              |                        |                              | Г         | 0               |                |                              |
|       |            | _         |                           | į              |                        |                              |           |                 |                |                              |
|       |            |           | ge of Total<br>Reached by |                |                        | Percentage of Road Miles of  |           |                 |                |                              |
|       |            |           | vice                      |                |                        | by Servi                     |           |                 |                |                              |

| (070) Urban Rate Comparability Certification Compilan | • | FCC Form 690              |
|---|---|---------------------------|
|   |   | Approved by OMB           |
|   |   | OMB Control No. 3060-1185 |
|   |   | Page 4 of 8               |

| <010> | Study Area Code   | 448010                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

| Ce   | ertification of Officer or En | nployee as to Compliance with 47 | CFR §54.1009(a)(4) |  |  |  |
|--|-------------------------------|----------------------------------|--------------------|--|--|--|
| certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.                         |                               |                                  |                    |  |  |  |
| Name of Reporting Carrier: Texas   | 10, LLC                       |                                  |                    |  |  |  |
| Signature of Authorized Officer:   |                               |                                  | Date               |  |  |  |
| Printed name of Authorized Officer:  | Chad Strausbaugh              |                                  |                    |  |  |  |
| Title or position of Authorized Officer:   | Staff Counsel                 |                                  |                    |  |  |  |
| Telephone number of Authorized Officer:  | 6105356474 ext.               |                                  |                    |  |  |  |
| Study Area Code of Reporting Carrier:  | 448010                        | Filing Due Date for this form:   | 07/01/2016         |  |  |  |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. |                               |                                  |                    |  |  |  |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

| Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier |   |  |  |  |  |
|---|---|--|--|--|--|
| I certify that (Name of Agent)  | is authorized to submit the information reported on behalf of the reporting   |  |  |  |  |
| carrier. I also certify that I am an officer or employee of the reporting car   | rrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the   |  |  |  |  |
| authorized agent; and, to the best of my knowledge, the reports and data  | provided to the authorized agent is accurate.   |  |  |  |  |
| Name of Authorized Agent:   |   |  |  |  |  |
| Name of Reporting Carrier:  |   |  |  |  |  |
| Signature of Authorized Officer or Employee:  | Date:   |  |  |  |  |
| Printed name of Authorized Officer or Employee:   |   |  |  |  |  |
| Title or position of Authorized Officer or Employee:  |   |  |  |  |  |
| Telephone number of Authorized Officer or Employee:   |   |  |  |  |  |
| Study Area Code of Reporting Carrier:   | Filing Due Date for this form:  |  |  |  |  |
|   | fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 8 of the United States Code, 18 U.S.C. § 1001. |  |  |  |  |

#### TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authoric                                 | d to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier                                       |
|---|--|
| I, as agent for the reporting carrier, certify that I am author | ed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based on |
| data provided by the reporting carrier; and, to the best of n   | knowledge, the information reported herein is accurate.  |
| Name of Reporting Carrier:                                      |  |
| Name of Authorized Agent Firm:                                  |  |
| Signature of Authorized Agent or Employee of Agent:             | Date:  |
| Name of Authorized Agent Employee:                              |  |
| Title or position of Authorized Agent or Employee of Agent      |  |
| Telephone number of Authorized Agent or Employee of Age         |  |
| Study Area Code of Reporting Carrier:                           | Filing Due Date for this form:   |

| (080) Triba    | l Lands Reporting   |                     |                                     | FCC Form 690<br>Approved by OMB<br>OMB Control No. 3060-1185 |
|----------------|---|---------------------|-------------------------------------|--|
|                |   |                     |                                     | Page 5 of 8  |
| <010>          | Study Area Code   |                     | 448010                              |  |
| <015><br><020> | Study Area Name Program Year  |                     | Texas 10, LLC                       |  |
| <030>          | Contact Name - Person USAC should contact regarding   | this data           | 2016<br>Chad Strausbaugh            |  |
| <035>          | Contact Telephone Number - Number of person identif   |                     |                                     |  |
| <039>          | Contact Email Address - Email Address of person identi  | fied in data line < |                                     |  |
| <142>          | State   |                     |                                     |  |
| <143>          | County  |                     |                                     |  |
| <144><br><145> | Tribal Land(s) on which ETC Serves  Tribal Government Engagement Obligation   |                     |                                     |  |
| 1240/          | This dovernment Engagement Osingation   | Name of Attached    | Document (.pdf)                     |  |
|                | If your company serves Tribal lands, please select (Yes, each of these boxes to confirm the status described on PDF, on line 145, demonstrates coordination with the government pursuant to § 54.1004 includes: | the attached        | le) for                             |  |
| <146>          | Needs assessment and deployment planning with a for community anchor institutions;  | cus on Tribal       | Select<br>(Yes, No, Not Applicable) |  |
| <147>          | Feasibility and sustainability planning;  |                     |                                     |  |
| <148>          | Marketing services in a culturally sensitive manner;  |                     |                                     |  |
| <149>          | Compliance with Rights of way processes   |                     |                                     |  |
| <150>          | Compliance with Land Use permitting requirements  |                     |                                     |  |
| <151>          | Compliance with Facilities Siting rules   |                     |                                     |  |
| <152>          | Compliance with Environmental Review processes  |                     |                                     |  |
| -1727          | compliance with environmental neview brocesses  |                     |                                     |  |

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.

| (090) Project | Update Information  | FCC Form 690<br>Approved by OMB |
|---------------|---|---------------------------------|
|               |   | OMB Control No. 3060-1185       |
|               |   | Page 6 of 8                     |
| <010>         | Study Area Code   | 448010                          |
| <015>         | Study Area Name   | Texas 10, LLC                   |
| <020>         | Program Year  | 2016                            |
| <030>         | Contact Name - Person USAC should contact regarding this data   | Chad Strausbaugh                |
| <035>         | Contact Telephone Number - Number of person identified in data line <030>   | 6105356474 ext.                 |
| <039>         | Contact Email Address - Email Address of person identified in data line <030>   |                                 |
|               |   |                                 |
| <200>         | Date Authorized to Receive Support  | 08/16/2013                      |
| <201>         | Targeted Completion Date  | 08/17/2015                      |
| <202>         | Total Mobility Fund Support Awarded   | 209952.00                       |
| <203>         | Total Mobility Fund Support Disbursed   | 199034.50                       |
|               |   |                                 |
| <210>         | Actual Completion Date  | 07/27/2015                      |
|               |   |                                 |
| <211>         | Project Status Description (attached)   | 448010_PSD_TX.pdf               |
|               |   |                                 |
|               |   |                                 |
|               | Discontinuity of the section of the | {Name of PDF attached}          |
|               | Please check these boxes below to confirm that the attached PDF, on line  |                                 |
|               | 211, contains a project status pursuant to §54.1005(b)(2)(v). The information   |                                 |
|               | shall be submitted as appropriate.  |                                 |
| <212>         | Status of Network Deployment - Network Design   | <b>✓</b>                        |
| <213>         | Status of Network Deployment - Construction   | 1                               |
| <214>         | Status of Network Deployment - Deployment   | <b>✓</b>                        |
| <215>         | Status of Network Deployment - Maintenance  | <b>✓</b>                        |
| <216>         | Project Budget Status   | <b>✓</b>                        |
| <217>         | Project Plan Status   | <b>/</b>                        |
| <218>         | Network will Support 3G/4G Mobile Service ?   | ) 3G                            |

| (101) Certification - Reporting Carrier | Form 690<br>roved by OMB          |
|---|-----------------------------------|
|   | l Control No. 3060-1185<br>7 of 8 |

| <010> | Study Area Code   | 448010                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

| l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. |   |  |  |  |
|--|---|--|--|--|
| Name of Reporting Carrier: Texas 10, LLC   |   |  |  |  |
| Signature of Authorized Officer:   | Date                                      |  |  |  |
| Printed name of Authorized Officer: Chad Strausbaugh   |   |  |  |  |
| Title or position of Authorized Officer:   |   |  |  |  |
| Telephone number of Authorized Officer: 6105356474 ext.  |   |  |  |  |
| Study Area Code of Reporting Carrier: 448010   | Filing Due Date for this form: 07/01/2016 |  |  |  |

| (100) F- 200-11 - 1                   |                           |
|---------------------------------------|---------------------------|
| (102) Certification - Agent / Carrier | FCC Form 690              |
|                                       | Approved by OMB           |
|                                       | OMB Control No. 3060-1185 |
|                                       | Page 8 of 8               |

| <010> | Study Area Code   | 448010                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |

# TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File for Mobility Fund Recipients on Behalf of Reporting Carrier |  |  |  |  |
|--|--|--|--|--|
|  | is authorized to subm<br>r; my responsibilities include ensuring the accuracy of the dat<br>and data provided to the authorized agent is accurate. | nit the information reported on behalf of the reporting carrier. I a reporting requirements provided to the authorized |  |  |
| Name of Authorized Agent:  |  |  |  |  |
| Name of Reporting Carrier:   |  |  |  |  |
| Signature of Authorized Officer:   |  | Date:  |  |  |
| Printed name of Authorized Officer:  |  |  |  |  |
| Title or position of Authorized Officer:   |  |  |  |  |
| Telephone number of Authorized Officer:  |  |  |  |  |
| Study Area Code of Reporting Carrier:  | Filing Due Date for this form:   |  |  |  |
| Persons willfully making false statements on this form   | m can be punished by fine or forfeiture under the Communications Act o<br>under Title 18 of the United States Code, 18 U.S.C. § 1001.              | f 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment  |  |  |

# TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Author                             | orized to File for Mobility Fund Recipients on Behalf of Re   | porting Carrier                         |
|---|---|---|
|   | norized to submit the reports for Mobility Fund recipients on behal<br>carrier; and, to the best of my knowledge, the information reporte |   |
| Name of Reporting Carrier:                                |   |   |
| Name of Authorized Agent Firm:                            |   |   |
| Signature of Authorized Agent or Employee of Agent:       |   | Date:                                   |
| Name of Authorized Agent Employee:                        |   |   |
| Title or position of Authorized Agent or Employee of Ager | nt  |   |
|   | gent:   | *************************************** |
| Telephone number of Authorized Agent or Employee of A     |   |   |

# **Attachments**

| (060) Coverage and Performance Ri |  |
|-----------------------------------|--|
|                                   |  |
|                                   |  |
|                                   |  |
|                                   |  |

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

| <010> | Study Area Code   | 448010                         |
|-------|---|--------------------------------|
| <015> | Study Area Name   | Texas 10, LLC                  |
| <020> | Program Year  | 2016                           |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Chad Strausbaugh               |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 6105356474 ext.                |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | cstrausbaugh@cellonenation.com |
| <140> | Coverage and Performance Report Year  | 08/2015 - 07/2016              |

<141>

| <a1></a1> | <a2></a2> | <a3></a3>    | <b1></b1>                                  | <b2></b2>   | <b><b< b="">t∂&gt;</b<></b>                           | c(1)                              | <c2></c2>  | <€3>   | <d>&gt;</d>   |
|-----------|-----------|--------------|--|---|---|-----------------------------------|--|--|---|
| State     | County    | Census Błock | Resident<br>Population per<br>Census Block | Resident<br>Population<br>Newly Reached<br>by Service | Total Resident<br>Population<br>Reached by<br>Service | Road Miles<br>per Census<br>Block | Road Miles<br>per Census<br>Block Newly<br>Reached | Total Road<br>Miles<br>covered per<br>Census Block | Certify that<br>Coverage and<br>Performacne<br>data is uploaded<br>(yes/no) |
| тх        | Cherokee  | 0000         | 0  | 0   | 0   | 0.0                               | 0.0  | 0.0  | Yes   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   | ····                              |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |
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|           |           |              |  |   |   |                                   | ·  |  |   |
|           |           |              |  |   |   |                                   |  |  |   |

Percentage of Total Population Reached by Service

| 0 |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |

Percentage of Total Road Miles covered by Service

| 0 |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |

# FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

#### **Project Status Description**

Item: SAC 448010

County/State: Cherokee, TX

Total Award Amount: \$209,952.00

# **Project Description**

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

| 化化性性 医胸膜 | Fund<br>- §54.1009 Annual Reporting<br>lection Form                             |   | FCC Form<br>Approved by OMB<br>OMB 3060-1185<br>Avg. Burden Estimate per Respondent: 18 Hours |
|----------|---|---|---|
| <010>    | Study Area Code   | 448011  |   |
| <015>    | Study Area Name   | Texas 10, LLC   | Accepted / Filed  |
| <020>    | Program Year  | 2016  | ·   |
| <030>    | Contact Name: Person USAC should contact with questions about this data         | Chad Strausbaugh  | JUN 172016  |
| <035>    | Contact Telephone Number:<br>Number of the person identified in data line <030> | 6105356474 ext.   | Federal Communications Commission<br>Office of the Secretary                                  |
| <039>    | Contact Email:<br>Email of the person identified in data line <030>             | cstrausbaugh@cellonenation.com                            |   |
| SHMUSANI |   | MANAMASERANIMISSES NORMANISSES NIMMASER NIMMANISSES NIMMA |   |
| <040>    | Has the information required pursuant to §54,1009                               | been provided with a Form 481 filing (Y/                  | <u>(N)</u> <040>  |
|          | <041> Attach a description of the documents fil                                 | ed with the Form 481 reporting                            | <041>   |
|          |   |   |   |
|          | <042> Cite the Study Area Code (SAC) for the Fo                                 | rm 481 reporting  | <042>   |

#### Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.